



Nikki R. Haley  
Governor

Holly G. Pisarik  
Director

South Carolina  
Department of Labor, Licensing and Regulation  
Board of Chiropractic Examiners



110 Centerview Drive  
Post Office Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-4587  
FAX: (803) 896-4719

## Name Change Request Form

**Please mail or fax this form to the Board.**

This form must be accompanied by one of the following documents showing proof of your legal name change: Marriage license, final divorce decree or a court order indicating the name change.

<input type="checkbox"/> Applicant <input type="checkbox"/> Licensee		
<input type="checkbox"/> DC License Number: _____		
<b>Previous Name</b>		
(First)	(Middle)	(Last)
<b>New Name</b>		
(First)	(Middle)	(Last)
Telephone Number: Business: _____ Home: _____		
Email: _____		
Current Address: _____		
I certify that this information is true and correct.		
Signature: _____		Date: _____

If you want a new pocketcard reflecting this name change, submit this form and required documentation along with a check made payable to **the SC Board of Chiropractors, 110 Centerview Drive, Columbia, SC 29211**, in the amount of **\$10** and mail to the above listed address.

Or you may visit <http://www.llr.state.sc.us/POL/chiropractors> and print a copy of your license after the change has been made.